

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10-757,475

FILING DATE

APPLICANT(S)

11-30-05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
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11						
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13						
14						
15						
16						
17						
18						
19						
20						
21			1			
22				1		
23				1		
24				1		
25				4		
26				4		
27				1		
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34				5		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45			1			
46			1			
47			1			
48				1		
49				1		
50				1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	* 11-30-05 *		* 11-30-05 *		* 11-30-05 *	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.				4		
TOTAL DEP.				38		
TOTAL CLAIMS				42		